

## U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**SITE REVIEW REPORT SUMMER FOOD SERVICE PROGRAM (SFSP)**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0280. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

DATE OF REVIEW	AGREEMENT NO.	SITE NO.
TIME ARRIVED	TIME DEPARTED	TYPE FOOD SERVICE
LOCATION <input type="radio"/> Urban <input type="radio"/> Rural	DATES OF OPERATION Beginning: Ending:	<input type="radio"/> Vended <input type="radio"/> On Site Prep. <input type="radio"/> Satellite
APPROVED MEALS <input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Supper <input type="radio"/> AM Supp <input type="radio"/> PM Supp	SITE TYPE <input type="radio"/> Open <input type="radio"/> Camp <input type="radio"/> NYSP <input type="radio"/> Enrolled <input type="radio"/> Migrant <input type="radio"/> Homeless	
NAMES/TITLES OF PERSONS INTERVIEWED AT SITE	SPONSOR NAME	
NAMES OF REVIEWERS	NAME AND ADDRESS OF SITE (Include Zip Code)	
	TELEPHONE:	

**100. MEAL ORDERING**

101. Describe procedure used to determine number of meals prepared or ordered for each meal service.

---



---

YES NO NA

☐ ☐

102. Is the procedure adequate to meet the objective of serving only one meal to each child at each meal service?

☐ ☐

103. Have the numbers of meals prepared or ordered been adjusted at this site? If NO, explain in Question 502.

**200. DELIVERY AND MEAL SERVICE OBSERVATION**

201. Type of Meal Observed: ☐ Breakfast ☐ AM Supp ☐ Lunch ☐ PM Supp ☐ Supper

202. Approved Time for this Meal Service: From: \_\_\_\_\_ To: \_\_\_\_\_

203. Estimated ADA this Meal: \_\_\_\_\_ FOR VENDED SITES: Maximum Approved Level (CAP) this meal: \_\_\_\_\_

QUESTIONS 204 - 206 APPLY TO VENDED AND SELF PREP SATELLITE SITES

YES NO NA

☐ ☐ ☐

204. Was the meal delivered at correct temperature and in acceptable condition?

☐ ☐ ☐

205. Was the meal delivered within the time frame prescribed by regulations?

☐ ☐ ☐

206. Does the number of meals on the delivery receipt match the number of meals delivered? If NO, explain in Q. 502.

☐ ☐ ☐

207. Observed Time of Meal Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
Was meal served within approved serving time? If NO, record number of meals served outside approved serving time in Q. 211 a.

☐ ☐

208. Were all required items served and were serving sizes of measurable, documented food items adequate to meet meal pattern requirements? If NO, describe deficiencies below and record number of meals served with missing or inadequate components in Q. 211 b.

Missing Or Inadequate Component	# Meals Served

☐

CHECK HERE IF DISALLOWANCES WERE TAKEN FOR ANY OF THE SPONSOR'S OTHER SITES SERVED BY THE SAME CENTRAL KITCHEN ON THE DAY OF THE REVIEW.

☐ ☐

209. Observe the meal count procedure used. Does the procedure yield a reliable count of reimbursable meals?

210. Record the meal count for the day of the review.

Meals delivered or prepared	_____	
Meals leftover from prev. day. +	_____	=
Firsts serv. to elig. child	_____	
Seconds serv. to elig. child +	_____	=
Meals to program adults	_____	
Meals to non-prg. adults +	_____	
Other non-reimbursable +	_____	
Unserved/excess meals +	_____	=

A. TOTAL MEALS AVAILABLE: \_\_\_\_\_ 0

B. TOTAL POTENTIAL REIMBURSABLE MEALS: \_\_\_\_\_ 0

C. TOTAL NON-REIMBURSABLE MEALS: \_\_\_\_\_ 0  
CHECK: A = (B + C)

211. Record the number of disallowed meals in each category for the observed meal service on the day of the review.

a. Served outside approved time	_____	e. Non-unitized	_____
b. Missing/inadequate components	_____	f. Served to adults but included in count of reimbursable meals	_____
c. Over CAP	_____	g. Other disallowed (specify)	_____
d. Consumed off site	_____		

212. Record the number of first meals of the same meal type served on each of the 5 serving days prior to the day of the review and calculate the average number of first meals served for days recorded.

Date									
# 1sts Served									

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = **TOTAL** \_\_\_\_\_ ÷ # DAYS RECORDED = **Avg. 1st Meals** \_\_\_\_\_

YES NO NA

- ☐ ☐ ☐ 213. Multiply the average calculated in Question 212 by .8. Enter the result: \_\_\_\_\_ 0 Are first meals on the day of the review equal to or greater than this figure? If NO, note any explanation for the decrease.

QUESTIONS 214-215 APPLY TO SITES WHICH MAINTAIN ALL RECORDS OF MEAL PREPARATION AND ORDERING ON SITE: DO NOT DUPLICATE REVIEW OF RECORDS HELD AT SPONSOR LEVEL.

- ☐ ☐ ☐ 214. Review records of meal preparation and ordering, such as menus, production records, and/or delivery receipts, for at least 5 serving days prior to the day of the review. Does the sponsor maintain adequate records of meal preparation and ordering? If NO, record number and type of meals which are not supported by adequate records:

Type of Meal	Date(s)	# Meals Served

- ☐ ☐ ☐ 215. Do the records of meal preparation and ordering show that all components were served and that serving sizes of measurable, documented food items meet meal pattern requirements? If NO, record deficiencies identified below:

Type of Meal	# Meals Served	Missing Or Inadequate Component (Describe Fully)

SPONSOR	SITE
---------	------

### 300. HEALTH AND SANITATION

YES NO NA

- ☐ ☐ ☐ 301. Are acceptable sanitary procedures followed during the receiving, preparing, holding, and serving of meals? If NO, explain in Q. 502.
- ☐ ☐ ☐ 302. Are holding procedures and facilities adequate? If NO, explain in Q. 502.
- ☐ ☐ ☐ 303. Has the State/local health department visited the site? If YES, note any cited deficiencies which have not been corrected in Q. 502.

### 400. SITE RECORDKEEPING

401. Is a daily count taken and recorded at the site of:

YES NO NA

- ☐ ☐ a. Meals delivered or prepared?
- ☐ ☐ b. First meals served to children?
- ☐ ☐ ☐ c. Second meals served to children?
- ☐ ☐ ☐ d. Meals to program adults?

YES NO NA

- ☐ ☐ ☐ e. Meals to non-program adults?
- ☐ ☐ ☐ f. Excess meals not served?
- ☐ ☐ ☐ g. Other deficient meals?

- ☐ ☐ 402. Does the site supervisor receive, sign, date, and maintain a record of delivery receipts or invoices?
- ☐ ☐ ☐ 403. Does the site supervisor turn in meal count documentation to the sponsor at least once a week?
- ☐ ☐ ☐ 404. Is a record maintained of site labor (daily time and attendance records)?

### 500. SUMMARY OF FINDINGS

YES NO NA

- ☐ ☐ ☐ 501. Should a new maximum approved level (CAP) be established for this site? If YES, recommended level: \_\_\_\_\_
502. Discuss all findings and any recommendations for corrective action by the sponsor and/or the site to improve the operation of the SFSP at this site. Discuss all deficiencies noted. Use continuation page if necessary.

OPERATIONAL WEAKNESSES	RECOMMENDATIONS FOR CORRECTIVE ACTION

Signature statement: All comments were discussed between the reviewer(s) and the site supervisor/representative.

DATE	FNS REVIEWER
DATE	STATE REVIEWER
DATE	SITE SUPERVISOR

SPONSOR	SITE
500. SUMMARY OF FINDINGS (CONTINUED)	
OPERATIONAL WEAKNESSES	RECOMMENDATIONS FOR CORRECTIVE ACTION

## CIVIL RIGHTS DATA COLLECTION FORM FOR SITE REVIEW REPORT

SPONSOR	SITE
---------	------

**NOTE:** Any review of a site having only one race should include a statement indicating the general racial composition of the area the site serves.

**IMPORTANT:** All line items on this page **MUST** be answered **NUMERICALLY** (No percentages). **DO NOT** use words "ALL" or "NONE".

**INSTRUCTIONS:** The Racial Data Collection Form should be retained with the Site Review Report (FNS-19-2) in the files at the Regional Office.

ACTUAL CURRENT ATTENDANCE BY RACIAL/ETHNIC GROUP						
BLACK OR AFRICAN AMER	ASIAN	AMER INDIAN OR ALASKA NATIVE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	HISPANIC OR LATINO	TOTAL
						0

**BLACK OR AFRICAN AMERICAN** - A person having origin in any black racial groups of Africa.

**ASIAN** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands, Thailand, and Vietnam.

**AMER. INDIAN OR ALASKA NATIVE** - a person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE** - (Not of Hispanic or Latino origin). A person having origin in any of the original peoples of Europe, North Africa, or the Middle East.

**HISPANIC OR LATINO** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

2. ARE ADMISSION AND PLACEMENT CRITERIA AND PROCEDURES NONDISCRIMINATORY? <input type="radio"/> YES <input type="radio"/> NO		3. IS "....AND JUSTICE FOR ALL" OR FNS - APPROVED POSTER ON DISPLAY? <input type="radio"/> YES <input type="radio"/> NO																
4. IS THERE ANY SEPARATION BY RACE, AGE, SEX, DISABILITY, COLOR, OR NATIONAL ORIGIN? (If YES, explain in Q. 502 of Form FNS-19-2.)  <table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. IN EATING AREA?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>B. IN SERVING LINES?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>C. IN SEATING ARRANGEMENTS?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>D. IN ASSIGNMENT OF EATING PERIOD?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>			YES	NO	A. IN EATING AREA?	<input type="radio"/>	<input type="radio"/>	B. IN SERVING LINES?	<input type="radio"/>	<input type="radio"/>	C. IN SEATING ARRANGEMENTS?	<input type="radio"/>	<input type="radio"/>	D. IN ASSIGNMENT OF EATING PERIOD?	<input type="radio"/>	<input type="radio"/>	5. ARE ALL SERVICES AND FACILITIES USED ROUTINELY BY ALL PERSONS WITHOUT REGARD TO AGE, SEX, DISABILITY, RACE, COLOR, OR NATIONAL ORIGIN? (e.g., social recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)  <input type="radio"/> YES <input type="radio"/> NO	
	YES	NO																
A. IN EATING AREA?	<input type="radio"/>	<input type="radio"/>																
B. IN SERVING LINES?	<input type="radio"/>	<input type="radio"/>																
C. IN SEATING ARRANGEMENTS?	<input type="radio"/>	<input type="radio"/>																
D. IN ASSIGNMENT OF EATING PERIOD?	<input type="radio"/>	<input type="radio"/>																
7. IF NEEDED, IS INFORMATION PROVIDED IN THE APPROPRIATE TRANSLATIONS CONCERNING THE AVAILABILITY AND NUTRITIONAL BENEFITS OF THE SFSP, AS REQUIRED BY FNS INSTRUCTION 113-8?  <input type="radio"/> YES <input type="radio"/> NO		6. IN THE OPINION OF THE REVIEWER BASED ON INFORMATION OBTAINED BY PERSONAL OBSERVATION, DOES THE SITE APPEAR TO BE IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964?  <input type="radio"/> YES <input type="radio"/> NO  If NO, indicate in Q. 502 on FNS-19-2: A. The areas of noncompliance, and B. Recommendations for corrective action and follow-up.																
8. IS THE NONDISCRIMINATION STATEMENT AND THE PROCEDURE FOR FILING A COMPLAINT INCLUDED IN THE SFSP INFORMATION TO PARENTS OF BENEFICIARIES OR POTENTIAL BENEFICIARIES, AS REQUIRED BY FNS INSTRUCTION 113-8?  <input type="radio"/> YES <input type="radio"/> NO		9. REMARKS: EXPLAIN ANY SPECIAL CIRCUMSTANCES IN QUESTION 502 ON FORM FNS-19-2.																

SPONSOR	NAME OF SITE REVIEWED
DATE OF SITE REVIEW	TYPE OF MEAL OBSERVED <input type="radio"/> BREAKFAST <input type="radio"/> LUNCH <input type="radio"/> SUPPER <input type="radio"/> AM SUPP <input type="radio"/> PM SUPP
MISSING OR INADEQUATE COMPONENTS IDENTIFIED AT SITE REVIEW (DESCRIBE FULLY)	

#### METHOD FOR DETERMINING IF OTHER SITES AFFECTED

- ☐ REVIEW AT CENTRAL KITCHEN
- ☐ OTHER (SPECIFY) \_\_\_\_\_
- ☐ REVIEW OF SPONSOR MENUS OR MEAL SPECIFICATIONS

DISALLOWANCES AT SITES OTHER THAN SITE REVIEWED

[illegible]

## INSTRUCTIONS FOR THE SITE REVIEW

**NOTE:** Identifying information in top blocks should be completed from the Sponsor Application/Site Information Sheet and may be filled in prior to the date of the visit. Arrival and Departure times should be scheduled to allow reviewer to be present during the entire meal service.

### 100. MEAL ORDERING

Determine how the number of meals ordered or prepared is adjusted for fluctuations in daily attendance. Indicate if the procedure is adequate to meet the objective of serving only one meal to each child at each meal service. If NO, explain in Q. 502. Determine if adjustments in the number of meals prepared or ordered have been made.

### 200. DELIVERY AND MEAL SERVICE OBSERVATION

201 - 207. Fill in the approved meal service time, the estimated Average Daily Attendance (ADA) for the meal observed and the maximum approved level for a vended site from the Site Information Sheet. Determine if meal was delivered within the acceptable time frame as described in Section 225.16(c)(5) of the SFSP regulations. If you were not at the site at the time the meal was delivered, mark NA. Note if meals were not delivered or served at acceptable temperature or in acceptable condition.

208. Review the menu and observe meals to determine if all required food items are served and if serving sizes of measurable, documented food items are adequate to meet meal pattern requirements. A food item is "measurable, documented" if it is possible to determine if an item meets meal pattern requirements based on specification or labeling information. Examples of insufficient serving sizes of measurable, documented food items include, but are not limited to: weight of a pre-portioned item insufficient to meet required serving size; number of pieces of an item served is less than number specified on CN label to meet required serving size; one half slice of bread served as the bread item. If meal pattern violations are observed at a satellite site served by a central kitchen, and if time permits, visit the central kitchen to determine if deficiencies observed affect other sites served by the kitchen on the day of the review. If such deficiencies are identified, check the box indicated on the review form and record the disallowances for meals at all affected sites on the supplementary Central Kitchen Site Disallowance Worksheet, (FNS-19-2b).

209 - 210. Determine if the meal counting procedure yields an accurate count of reimbursable meals served to eligible children. Record the meal count in the appropriate categories.

211. Record the number of meals disallowed for the day of the review in each category. If a meal could be disallowed for more than one reason (i.e., a non-unitized meal taken off site) record it under only one category. Explain any problems in Q. 502.

212 - 213. If meal count records for any of the 5 serving days prior to the day of the review are available at the site, enter the dates and the meal counts recorded. If records are not available

for a given date, enter NA in the appropriate block. Total the counts recorded and divide the total by the number of days summed to obtain an average for previous days. Multiply this average by .8 and record the result. If the number of first meals served on the day of the review is less than this number, answer NO and note any reasons given by the site supervisor for the decrease.

214 - 215. If records of meal preparation and ordering for meals served at this site are kept on site, review them in accordance with instructions for review of these records at the sponsor level. (Sponsor Review Report, FNS-19-1 Q. 401-402.)

### 300. HEALTH AND SANITATION

301 - 302. Observe the procedures used to receive meals or food supplies, to prepare meals, to hold meals between delivery/preparation and the meal service, and to serve meals. Describe how meals are held between preparation/delivery and serving including cleanliness of equipment and if in working order. Determine if holding procedures and facilities are adequate. If NO, explain in Q. 502.

303. Explain uncorrected deficiencies in Q. 502.

### 400. SITE RECORDKEEPING

401 - 403. Determine if a daily site meal count is kept for each of the categories listed. If meal count documentation is not collected from the sites at least once a week, note the frequency at which it is collected in Q. 502.

404. Determine if hours worked by site workers paid from SFSP funds are adequately documented. If the sponsor does not claim wage costs for site workers, mark NA.

### 500. SUMMARY OF FINDINGS

501. If the results of the review indicate that the maximum approved service level (CAP) for a vended site should be changed, enter the recommended new maximum level.

502. Discuss problems identified and corrective actions recommended, noting applicable question number. Both the reviewer(s) and the site supervisor should sign the form. All information and comments should be complete before the site supervisor signs.